

### ***Instructions for the Agent's Appointment Form I-48***

The form may be duplicated

The form may be typed, printed in ink or computer generated.

1. Complete the full name of the appointing insurance company
2. Complete the NAIC number of the appointing insurance company
3. Complete the full address of the appointing insurance company
4. Complete the agent social security number
5. Complete the agent's name
6. Complete the agent's address including the State and Zip.
7. Complete the lines for which the company is appointing the agent
8. Date the form the date it is signed.
9. Have an authorized person sign the form and print the name of the person below the signature in case we are unable to read the signature.
10. Submit a copy of the completed form along with a self-addressed stamped envelope.

***IF FORM IS NOT SUBMITTED IN DUPLICATE ALONG WITH A  
POSTAGE PAID ENVELOPE CONFIRMATION OF APPOINTMENT  
WILL NOT BE RETURNED TO THE COMPANY.***

**ARKANSAS INSURANCE DEPARTMENT****LICENSE DIVISION**

1200 WEST THIRD STREET  
 LITTLE ROCK, ARKANSAS 72201  
 PHONE NUMBER 501-371-2750

**AGENTS APPOINTMENT**

NAME OF INSURANCE COMPANY \_\_\_\_\_

NAIC NUMBER OF COMPANY \_\_\_\_\_

MAILING ADDRESS OF INSURANCE COMPANY:

P.O. BOX OR STREET	CITY	STATE	ZIP
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AGENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_

AGENT'S NAME	LAST	FIRST	MIDDLE
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AGENT'S ADDRESS:	P.O. BOX OR STREET	CITY	STATE	ZIP
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APPOINTED FOR LINES OF AUTHORITY: \_\_\_\_\_

**TO THE COMMISSIONER OF INSURANCE, STATE OF ARKANSAS: THIS IS TO VERIFY THAT THE PERSON HEREBY NAMED HAS, AFTER INVESTIGATION COVERING BOTH CHARACTER AND FITNESS HAS BEEN DULY APPOINTED AGENT. WE FURTHER RECOMMEND SUCH AGENT AS COMPETENT AND TRUSTWORTHY.**

DATED \_\_\_\_\_

 \_\_\_\_\_  
 AUTHORIZED SIGNER

 \_\_\_\_\_  
 (TYPED OR PRINTED NAME OF ABOVE)

**I, THE UNDERSIGNED, COMMISSIONER OF INSURANCE, DO CERTIFY THAT THE INSURER HAS SUBMITTED TO ME SATISFACTORY EVIDENCE THAT IT HAS COMPLIED WITH ALL THE REQUIREMENTS OF THE LAWS OF THE STATE OF ARKANSAS GOVERNING SUCH COMPANIES, AND I FURTHER CERTIFY THAT THE AGENT HAS THE AUTHORITY TO TAKE RISKS AND TRANSACT THE BUSINESS FOR AND IN BEHALF OF SAID COMPANY SO FAR AS HE MAY BE LEGALLY EMPOWERED.**

DATED AT LITTLE ROCK, ARKANSAS \_\_\_\_\_

 \_\_\_\_\_  
**INSURANCE COMMISSIONER**

THIS APPOINTMENT MUST BE RETURNED TO THE STATE INSURANCE DEPARTMENT IN THE EVENT OF TERMINATION OR CANCELLATION.

***INSTRUCTIONS FOR I-48-A AGENCY AMENDED APPOINTMENT  
FORM***

***THIS FORM SHOULD BE USED TO APPOINT A NEW AGENCY  
AGENT WITH AN AGENCY THAT IS ALREADY APPOINTED WITH  
YOUR COMPANY.***

THIS FORM MAY BE DUPLICATED  
THIS FORM MAY BE TYPED, PRINTED IN INK, OR COMPUTER GENERATED

ALL INFORMATION IS REQUIRED:

1. Complete full name of the company
2. Complete the NAIC # of the company
3. Complete the address of the insurance company including the state and zip
4. Complete the agency's tax identification number
5. Complete the agency's full legal name
6. Complete the agency's address including the state and zip
7. Complete the agent's social security number
8. Complete the agent's full legal name
9. Complete the agent's address including the state and zip
10. Complete the lines of authority the agent is to have with the company under the agency license.
11. The form must be date and signed by an authorized individual of the insurance company. The name of the person should be listed under the signature in the event we cannot read the signature.
12. Make a copy of the completed form for the department to validate and return to your company as proof of processing.
13. Attach a self-addressed stamped envelope for the department to return the validate appointment.

***IF FORM IS NOT SUBMITTED IN DUPLICATE ALONG WITH A  
POSTAGE PAID ENVELOPE THEN A CONFIRMATION OF THE  
APPOINTMENT WILL NOT BE RETURNED TO THE COMPANY.***

***IF THE FORM IS NOT A GOOD COPY OR THE INFORMATION IS  
NOT LEGIBLE THE FORM WILL BE RETURNED UNPROCESSED.***

**ARKANSAS INSURANCE DEPARTMENT****LICENSE DIVISION**

1200 WEST THIRD STREET  
 LITTLE ROCK, ARKANSAS 72201  
 PHONE NUMBER 501-371-2750

**I-48 A**

NAME OF INSURANCE COMPANY \_\_\_\_\_

NAIC NUMBER OF COMPANY \_\_\_\_\_

MAILING ADDRESS OF INSURANCE COMPANY:

P.O. BOX OR STREET CITY STATE ZIP

AGENCY TAX IDENTIFICATION NUMBER \_\_\_\_\_

AGENCY'S NAME \_\_\_\_\_

AGENCY'S ADDRESS: \_\_\_\_\_  
P.O. BOX OR STREET CITY STATE ZIP**AMEND AGENCY APPOINTMENT TO ADD THE FOLLOWING AGENT:**

AGENT'S SS # \_\_\_\_\_

AGENT'S NAME \_\_\_\_\_  
LAST FIRST MIDDLEAGENT'S ADDRESS: \_\_\_\_\_  
P.O. BOX OR STREET CITY STATE ZIP

LINES OF AUTHORITY: \_\_\_\_\_

TO THE COMMISSIONER OF INSURANCE, STATE OF ARKANSAS: THIS IS TO VERIFY THAT THE PERSON HEREBY  
 NAMED HAS, AFTER INVESTIGATION COVERING BOTH CHARACTER AND FITNESS HAS BEEN DULY  
 APPOINTED AGENT. WE FURTHER RECOMMEND SUCH AGENT AS COMPETENT AND TRUSTWORTHY.

DATED \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNER\_\_\_\_\_  
(TYPED OR PRINTED NAME OF ABOVE)

***I, THE UNDERSIGNED, COMMISSIONER OF INSURANCE, DO CERTIFY THAT THE INSURER HAS SUBMITTED TO  
 ME SATISFACTORY EVIDENCE THAT IT HAS COMPLIED WITH ALL THE REQUIREMENTS OF THE LAWS OF THE  
 STATE OF ARKANSAS GOVERNING SUCH COMPANIES, AND I FURTHER CERTIFY THAT THE AGENT HAS THE  
 AUTHORITY TO TAKE RISKS AND TRANSACT THE BUSINESS FOR AND IN BEHALF OF SAID COMPANY SO FAR AS  
 HE MAY BE LEGALLY EMPOWERED AND FOR AS LONG AS HE MAY BE EMPLOYED BY THE ABOVE AGENCY..***

DATED AT LITTLE ROCK, ARKANSAS \_\_\_\_\_

\_\_\_\_\_  
**INSURANCE COMMISSIONER*****THIS SUPPLEMENTS THE COMPANY'S APPOINTMENT OF THE ABOVE AGENCY ONLY.***

***THIS APPOINTMENT MUST BE RETURNED TO THE STATE INSURANCE DEPARTMENT IN THE  
 EVENT OF TERMINATION OR CANCELLATION.***

### ***Instructions for I-48 Agency Form***

This form is for first time agency appointments.

The form may be duplicated.

The form may be typed, printed in ink, or computer generated.

ALL INFORMATION IS REQUIRED.

1. The complete name of the company, company NAIC # and the company's address.
2. The agency tax identification number is required
3. The full and legal name of the agency as licensed in Arkansas.
4. The agency's address including State and Zip
5. The lines of authority for which the agency is to be appointed.
6. The agent's social security number, the agent's name, the lines the agent is to be appointed, and the agent's state of residence.
7. The form must be dated and signed by an authorized individual of the insurance company. The name of the person should be listed under the signature in the event we cannot read the signature.
8. Make a copy of the completed form for the department to validate and return to your company as proof of processing.
9. Attach a self-addressed stamped envelope for the department to return the validated appointment.

***IF FORM IS NOT SUBMITTED IN DUPLICATE ALONG WITH A POSTAGE PAID ENVELOPE THEN CONFIRMATION OF APPOINTMENT WILL NOT BE RETURNED TO COMPANY.***

***If the form is not a good copy or the information is not legible the form will be returned unprocessed.***

**ARKANSAS INSURANCE DEPARTMENT****LICENSE DIVISION**

1200 WEST THIRD STREET  
 LITTLE ROCK, ARKANSAS 72201  
 PHONE NUMBER 501-371-2750

**AGENCY APPOINTMENT**

NAME OF INSURANCE COMPANY \_\_\_\_\_

NAIC NUMBER OF COMPANY \_\_\_\_\_

MAILING ADDRESS OF INSURANCE COMPANY:

P.O. BOX OR STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGENCY TAX IDENTIFICATION NUMBER \_\_\_\_\_

AGENCY'S NAME \_\_\_\_\_

AGENCY'S ADDRESS: \_\_\_\_\_  
 P.O. BOX OR STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPOINTED FOR LINES OF AUTHORITY: \_\_\_\_\_

AGENT'S TO BE APPOINTED UNDER THE AGENCY APPOINTMENT:

(ATTACH ADDITIONAL SHEET IF MORE AGENT'S ARE TO BE LISTED)

AGENT'S SS#	AGENT'S NAME	LINES OF AUTHORITY	RESIDENCE STATE
AGENT'S SS#	AGENT'S NAME	LINES OF AUTHORITY	RESIDENCE STATE
AGENT'S SS#	AGENT'S NAME	LINES OF AUTHORITY	RESIDENCE STATE
AGENT'S SS#	AGENT'S NAME	LINES OF AUTHORITY	RESIDENCE STATE

**TO THE COMMISSIONER OF INSURANCE, STATE OF ARKANSAS: THIS IS TO VERIFY THAT THE PERSON HEREBY NAMED HAS, AFTER INVESTIGATION COVERING BOTH CHARACTER AND FITNESS HAS BEEN DULY APPOINTED AGENT. WE FURTHER RECOMMEND SUCH AGENT AS COMPETENT AND TRUSTWORTHY.**

DATED \_\_\_\_\_

\_\_\_\_\_  
 AUTHORIZED SIGNER\_\_\_\_\_  
 (TYPED OR PRINTED NAME OF ABOVE)

**I, THE UNDERSIGNED, COMMISSIONER OF INSURANCE, DO CERTIFY THAT THE INSURER HAS SUBMITTED TO ME SATISFACTORY EVIDENCE THAT IT HAS COMPLIED WITH ALL THE REQUIREMENTS OF THE LAWS OF THE STATE OF ARKANSAS GOVERNING SUCH COMPANIES, AND I FURTHER CERTIFY THAT THE AGENT HAS THE AUTHORITY TO TAKE RISKS AND TRANSACT THE BUSINESS FOR AND IN BEHALF OF SAID COMPANY SO FAR AS HE MAY BE LEGALLY EMPOWERED.**

DATED AT LITTLE ROCK, ARKANSAS \_\_\_\_\_

\_\_\_\_\_  
**INSURANCE COMMISSIONER**

THIS APPOINTMENT MUST BE RETURNED TO THE STATE INSURANCE DEPARTMENT IN THE EVENT OF TERMINATION OR CANCELLATION.